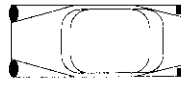
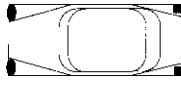


DMV		OREGON POLICE TRAFFIC CRASH REPORT										PAGE		OF											
POLICE INCIDENT / CASE NUMBER				CRASH DATE				M T W T H F S S N		CRASH TIME		POLICE NOTIFIED		POLICE ARRIVAL		DMV FILE NUMBER									
												AM PM		AM PM		AM PM									
COUNTY				ROAD ON WHICH CRASH OCCURRED										MILE POST				DMV CODE							
<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST INTERSECTING ROAD												<input type="checkbox"/> WITHIN _____ FEET N S OF NEAREST CITY / TOWN													
<input type="checkbox"/> NEAR _____ MILES E W												<input type="checkbox"/> NEAR _____ MILES E W													
<input type="checkbox"/> PROPERTY DAMAGE				<input type="checkbox"/> PUBLIC PROPERTY DAMAGE				<input type="checkbox"/> INJURY				<input type="checkbox"/> FATAL				<input type="checkbox"/> HAZARDOUS MATERIALS									
<input type="checkbox"/> HIT AND RUN				<input type="checkbox"/> PHOTOS TAKEN				<input type="checkbox"/> TRAIN R/R				<input type="checkbox"/> TRUCK / BUS													
UNIT #		NAME (LAST, FIRST, MIDDLE)										DRIVER LICENSE NUMBER				STATE SEX RACE		DOB							
PED		ADDRESS														HOME PHONE		()							
BIC																WORK PHONE		()							
PRK		VEHICLE OWNER																							
PRP		<input type="checkbox"/> SAME																							
INSURANCE COMPANY		<input type="checkbox"/> NONE										INSURANCE POLICY NUMBER													
FIRE		STD SPD		PST SPD		EJECTED		EXTRCTD		VEHICLE IDENTIFICATION NUMBER (VIN)				LICENSE PLATE NUMBER		STATE		YEAR		MAKE		MODEL / STYLE		COLOR	
Y N						Y P N		Y N																	
VEHICLE TOWED:		Y N								<input type="checkbox"/> UNKNOWN				DRIVER TAKEN:		Y N				<input type="checkbox"/> UNKNOWN					
BY:										TO:				BY:						TO:					
VEHICLE DAMAGE												DAMAGE ESTIMATE: <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1000 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1000 <input type="checkbox"/> UNKNOWN				INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL				EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP					
												USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)				ACTION / ARREST / CITES									
HIT AND RUN		SUSPECT NAME										AKA				IN CUSTODY									
		ADDRESS														Y N									
		OTHER INFORMATION:																							
SEX		RACE		DOB		HT		WT		HAIR		EYES		LOCAL ID											
UNIT #		NAME (LAST, FIRST, MIDDLE)										DRIVER LICENSE NUMBER				STATE SEX RACE		DOB							
PED		ADDRESS														HOME PHONE		()							
BIC																WORK PHONE		()							
PRK		VEHICLE OWNER																							
PRP		<input type="checkbox"/> SAME																							
INSURANCE COMPANY		<input type="checkbox"/> NONE										INSURANCE POLICY NUMBER													
FIRE		STD SPD		PST SPD		EJECTED		EXTRCTD		VEHICLE IDENTIFICATION NUMBER (VIN)				LICENSE PLATE NUMBER		STATE		YEAR		MAKE		MODEL / STYLE		COLOR	
Y N						Y P N		Y N																	
VEHICLE TOWED:		Y N								<input type="checkbox"/> UNKNOWN				DRIVER TAKEN:		Y N				<input type="checkbox"/> UNKNOWN					
BY:										TO:				BY:						TO:					
VEHICLE DAMAGE												DAMAGE ESTIMATE: <input type="checkbox"/> ROLLOVER <input type="checkbox"/> NONE <input type="checkbox"/> UNDERCAR <input type="checkbox"/> UNDER \$1000 <input type="checkbox"/> TOTALED <input type="checkbox"/> OVER \$1000 <input type="checkbox"/> UNKNOWN				INJURY: <input type="checkbox"/> NONE <input type="checkbox"/> POSSIBLE <input type="checkbox"/> MINOR <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL				EQUIPMENT: <input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP					
												USE ARROW TO SHOW FIRST IMPACT (SHADE IN DAMAGED AREA)				ACTION / ARREST / CITES									
UNIT #		<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS										ADDRESS													
SEX		RACE		DOB		HOME PHONE		WORK PHONE						INJURY		<input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL		LOCATION		OTHER:		EJECTED		EXTRCTD	
						()		()						<input type="checkbox"/> NONE <input type="checkbox"/> MINOR		LP CF RF LR CR RR						Y P N Y N			
PASSENGER TAKEN:		Y N								<input type="checkbox"/> UNKNOWN				EQUIPMENT		<input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP									
BY:										TO:															
UNIT #		<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS										ADDRESS													
SEX		RACE		DOB		HOME PHONE		WORK PHONE						INJURY		<input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL		LOCATION		OTHER:		EJECTED		EXTRCTD	
						()		()						<input type="checkbox"/> NONE <input type="checkbox"/> MINOR		LP CF RF LR CR RR						Y P N Y N			
PASSENGER TAKEN:		Y N								<input type="checkbox"/> UNKNOWN				EQUIPMENT		<input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP									
BY:										TO:															
UNIT #		<input type="checkbox"/> PASSENGER NAME <input type="checkbox"/> WITNESS										ADDRESS													
SEX		RACE		DOB		HOME PHONE		WORK PHONE						INJURY		<input type="checkbox"/> POSSIBLE <input type="checkbox"/> SERIOUS <input type="checkbox"/> FATAL		LOCATION		OTHER:		EJECTED		EXTRCTD	
						()		()						<input type="checkbox"/> NONE <input type="checkbox"/> MINOR		LP CF RF LR CR RR						Y P N Y N			
PASSENGER TAKEN:		Y N								<input type="checkbox"/> UNKNOWN				EQUIPMENT		<input type="checkbox"/> NO EQP USED <input type="checkbox"/> LAP ONLY <input type="checkbox"/> LAP / SHLDR <input type="checkbox"/> CHLD RST-PRP <input type="checkbox"/> ABAG-DEPLYD <input type="checkbox"/> NONE INSTLD <input type="checkbox"/> UNKNOWN <input type="checkbox"/> SHLDR ONLY <input type="checkbox"/> HELMET <input type="checkbox"/> CHLD RST-IMPR <input type="checkbox"/> ABAG-NOT DP									
BY:										TO:															
DISTRIBUTION																									
OFFICER NAME / NUMBER										DATE				AGENCY				APPROVED BY							

POLICE INCIDENT / CASE NUMBER		EMS NOTIFIED	AM	EMS ARRIVAL	AM	LOCAL CODES			PAGE	OF
		PM		PM		A	B	C	D	E

Check ONE box in all categories. Check ALL boxes that apply in categories with (*).

FIRST HARMFUL EVENT <input type="checkbox"/> NON COLLISION <input type="checkbox"/> OVERTURN <input type="checkbox"/> FIRE / EXPLOSION <input type="checkbox"/> IMMERSION <input type="checkbox"/> GAS INHALATION <input type="checkbox"/> OTHER NON COLLISION <input type="checkbox"/> MEDICAL (Explain) <input type="checkbox"/> COLLISION WITH <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PARKED MOTOR VEHICLE <input type="checkbox"/> RAILWAY TRAIN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CRASH TYPE <input type="checkbox"/> HEAD ON <input type="checkbox"/> REAR END <input type="checkbox"/> ANGLE <input type="checkbox"/> SIDESWIPE <input type="checkbox"/> MANNER UNKNOWN <input type="checkbox"/> FIXED OBJECT <input type="checkbox"/> BARRICADE <input type="checkbox"/> BOULDER / ROCK <input type="checkbox"/> BRIDGE / PASS or RAILING <input type="checkbox"/> BUILDING <input type="checkbox"/> CULVERT HEADWALL <input type="checkbox"/> CURBING <input type="checkbox"/> DITCH <input type="checkbox"/> DIVIDER - CNCR or STEEL <input type="checkbox"/> FENCE - NOT MEDIAN <input type="checkbox"/> FIRE HYDRANT <input type="checkbox"/> HIGHWAY GUARDRAIL <input type="checkbox"/> HIGHWAY SIGN <input type="checkbox"/> IMPACT ABSORBER <input type="checkbox"/> LIGHT STANDARD <input type="checkbox"/> MAILBOX <input type="checkbox"/> OVERHEAD SIGN POST <input type="checkbox"/> OVERHEAD STRUCTURE <input type="checkbox"/> PIER or COLUMN <input type="checkbox"/> RETAINING WALL <input type="checkbox"/> SIDESLOPE EARTH <input type="checkbox"/> SIDESLOPE ROCK or STONE <input type="checkbox"/> TRAFFIC SIGNAL POST <input type="checkbox"/> TREE <input type="checkbox"/> UNDERPASS TUNNEL <input type="checkbox"/> UTILITY POLE <input type="checkbox"/> OTHER FIXED (Explain) <input type="checkbox"/> OTHER OBJECT (NOT FIXED) <input type="checkbox"/> ANIMAL <input type="checkbox"/> THROWN / FALLING OBJECT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER OBJECT (Explain) EVENT LOCATION <input type="checkbox"/> ON ROADWAY <input type="checkbox"/> NON-INTERSECTION <input type="checkbox"/> INTERSECTION <input type="checkbox"/> INTERSECTION RELATED <input type="checkbox"/> DRIVEWAY ACCESS <input type="checkbox"/> INTERCHANGE AREA <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> BRIDGE <input type="checkbox"/> TUNNEL <input type="checkbox"/> OTHER ON-ROAD AREA <input type="checkbox"/> OFF ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> TURNOUT <input type="checkbox"/> ROADSIDE <input type="checkbox"/> BEYOND RIGHT OF WAY <input type="checkbox"/> MEDIAN <input type="checkbox"/> DRIVEWAY <input type="checkbox"/> PRIVATE DRIVE <input type="checkbox"/> RAILROAD CROSSING <input type="checkbox"/> OTHER OFF ROAD <input type="checkbox"/> PARKING LOT <input type="checkbox"/> UNKNOWN SPECIAL ZONE <input type="checkbox"/> NONE <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> MAINTENANCE <input type="checkbox"/> UTILITY <input type="checkbox"/> SNOW <input type="checkbox"/> SCHOOL <input type="checkbox"/> UNKNOWN WORK <input type="checkbox"/> OTHER	WEATHER <input type="checkbox"/> CLEAR <input type="checkbox"/> CLOUDY (OVERCAST) <input type="checkbox"/> RAIN <input type="checkbox"/> SNOW <input type="checkbox"/> SLEET / HAIL / ETC <input type="checkbox"/> FOG / SMOG <input type="checkbox"/> SMOKE <input type="checkbox"/> BLOWING SAND / DIRT <input type="checkbox"/> SEVERE CROSSWIND <input type="checkbox"/> OTHER / UNKNOWN SURFACE CONDITION <input type="checkbox"/> DRY <input type="checkbox"/> WET <input type="checkbox"/> SNOW / SLUSH <input type="checkbox"/> ICY <input type="checkbox"/> MUDDY <input type="checkbox"/> DEBRIS <input type="checkbox"/> RUTS / HOLES / BUMPS <input type="checkbox"/> WORN / POLISHED <input type="checkbox"/> LOW / SOFT SHOULDER <input type="checkbox"/> OTHER / UNKNOWN SURFACE TYPE <input type="checkbox"/> CONCRETE <input type="checkbox"/> BLACKTOP / ASPHALT <input type="checkbox"/> GRAVEL <input type="checkbox"/> DIRT <input type="checkbox"/> OTHER LIGHT <input type="checkbox"/> FULL DAYLIGHT <input type="checkbox"/> DAWN <input type="checkbox"/> DUSK <input type="checkbox"/> DARK - LIGHTED WAY <input type="checkbox"/> DARK - NOT LIGHTED <input type="checkbox"/> UNKNOWN TRAFFIC CONTROL TYPE <input type="checkbox"/> NONE <input type="checkbox"/> SCHOOL BUS LIGHTS <input type="checkbox"/> OFFICER / CROSSING <input type="checkbox"/> GUARD or FLAGGER <input type="checkbox"/> TRAFFIC SIGNAL w/ <input type="checkbox"/> PEDESTRIAN CONTROL <input type="checkbox"/> TRAFFIC SIGNAL <input type="checkbox"/> FLASHING BEACON <input type="checkbox"/> STOP SIGN <input type="checkbox"/> YIELD SIGN <input type="checkbox"/> RR CROSSING GATES <input type="checkbox"/> RR CROSSING BUCKS <input type="checkbox"/> RR FLASHING SIGNAL <input type="checkbox"/> RR CROSSING w/ <input type="checkbox"/> PAVEMENT MARKINGS <input type="checkbox"/> LANE CONTRLS / LINES <input type="checkbox"/> STRIPES / DEVICES <input type="checkbox"/> SCHOOL SIGNAL <input type="checkbox"/> OTHER REG SIGN <input type="checkbox"/> UNKNOWN TRAFFIC CONTROL DEVICE CONDITION <input type="checkbox"/> NO MALFUNCTION <input type="checkbox"/> DOWN / MISSING <input type="checkbox"/> TURNED FROM <input type="checkbox"/> PROPER POSITION <input type="checkbox"/> OBSERVED BY <input type="checkbox"/> OTHER SIGNS <input type="checkbox"/> OBSERVED BY <input type="checkbox"/> PARKED VEHICLE <input type="checkbox"/> OBSERVED BY <input type="checkbox"/> VEGETATION <input type="checkbox"/> LIGHTS MALFUNCTION <input type="checkbox"/> LIGHTS STUCK <input type="checkbox"/> GATES INOPERATIVE <input type="checkbox"/> GATE ARM MISSING <input type="checkbox"/> OTHER RR MALFUNCTION <input type="checkbox"/> OTHER IMPAIRMENT <input type="checkbox"/> UNKNOWN	ROAD CHARACTER <input type="checkbox"/> STRAIGHT and LEVEL <input type="checkbox"/> STRAIGHT w/ GRADE <input type="checkbox"/> CURVED and LEVEL <input type="checkbox"/> CURVED w/ GRADE VEH #1 — NUMBER OF LANES VEH #2 — NUMBER OF LANES — TOTAL NUMBER OF LANES ROAD FLOW <input type="checkbox"/> DIVIDED MEDIAN <input type="checkbox"/> UNPAVED <input type="checkbox"/> BARRIER <input type="checkbox"/> PAVED <input type="checkbox"/> CONT LEFT TURN <input type="checkbox"/> OTHER <input type="checkbox"/> ONE WAY TRAFFIC <input type="checkbox"/> NOT PHYSICALLY DIVIDED DRIVER LICENSE VIOLATION <input type="checkbox"/> DRIVER <input type="checkbox"/> #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INSTRUCTION PERMIT <input type="checkbox"/> LICENSE RESTRICTION <input type="checkbox"/> EXPIRED LICENSE <input type="checkbox"/> OUT OF CLASS <input type="checkbox"/> SUSPENDED / REVOKED <input type="checkbox"/> UNLICENSED * DRIVER FACTORS <input type="checkbox"/> DRIVER <input type="checkbox"/> #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> CELL PHONE USE <input type="checkbox"/> OBSTRUCTED VIEW <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGD TRAF SIGN <input type="checkbox"/> TOO FAST FOR COND <input type="checkbox"/> MADE IMPROPER TURN <input type="checkbox"/> WRONG SIDEWAY <input type="checkbox"/> FOLLOW TOO CLOSELY <input type="checkbox"/> IMPROPER LANE CHNG <input type="checkbox"/> IMPROPER BACKING <input type="checkbox"/> IMPROPER PASSING <input type="checkbox"/> IMPROPER SIGNAL <input type="checkbox"/> IMPROPER PARKING <input type="checkbox"/> FATIGUE / DROWSY <input type="checkbox"/> ILL / BLACKOUT <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER * IMPAIRMENT <input type="checkbox"/> DRIVER <input type="checkbox"/> #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNDER INFL - MEDS <input type="checkbox"/> UNKNOWN DETERMINED BY: <input type="checkbox"/> INTOXILYZER TEST <input type="checkbox"/> BLOOD OR URINE TEST <input type="checkbox"/> FIELD SOB. TEST <input type="checkbox"/> OBSERVED (SPEECH, ODOR, ETC.) <input type="checkbox"/> DRE EVALUATION <input type="checkbox"/> STATEMENTS <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER RESULTS OF TEST: <input type="checkbox"/> D1 % D2 % <input type="checkbox"/> NO TEST GIVEN <input type="checkbox"/> TEST REFUSED <input type="checkbox"/> TESTED FOR DRUGS <input type="checkbox"/> RESULTS NOT AVAILABLE	VEH RELATED FACTORS <input type="checkbox"/> NONE <input type="checkbox"/> BRAKES <input type="checkbox"/> STEERING <input type="checkbox"/> POWER PLANT <input type="checkbox"/> SUSPENSION <input type="checkbox"/> TIRES <input type="checkbox"/> EXHAUST <input type="checkbox"/> LIGHTS <input type="checkbox"/> SIGNALS <input type="checkbox"/> WINDOWS / WINDSHLD <input type="checkbox"/> RESTRAINT SYSTEM <input type="checkbox"/> WHEELS <input type="checkbox"/> COUPLING <input type="checkbox"/> CARGO <input type="checkbox"/> OTHER VEHICLE MOVEMENT <input type="checkbox"/> BACKING <input type="checkbox"/> STOPPED <input type="checkbox"/> STRAIGHT AHEAD <input type="checkbox"/> TURNING RIGHT <input type="checkbox"/> TURNING LEFT <input type="checkbox"/> MAKING U-TURN <input type="checkbox"/> ENTER TRAFFIC LANE <input type="checkbox"/> LEAVE TRAFFIC LANE <input type="checkbox"/> OVERTAKING <input type="checkbox"/> CHANGING LANES <input type="checkbox"/> AVOIDING MANEUVER <input type="checkbox"/> MERGING <input type="checkbox"/> PARKING <input type="checkbox"/> NEGOTIATING A CURVE <input type="checkbox"/> OTHER TRAILER TYPE <input type="checkbox"/> LOG BUNK <input type="checkbox"/> SEMITRAILER <input type="checkbox"/> POLE TRAILER <input type="checkbox"/> FULL TRAILER <input type="checkbox"/> MOBILE HOME <input type="checkbox"/> UTILITY TRAILER <input type="checkbox"/> TRAVEL TRAILER <input type="checkbox"/> BOAT TRAILER <input type="checkbox"/> FARM EQUIPMENT <input type="checkbox"/> HORSE TRAILER <input type="checkbox"/> VEHICLE IN TOW <input type="checkbox"/> OTHER / UNKNOWN	TRUCK CONFIGURATION <input type="checkbox"/> #1 #2 <input type="checkbox"/> TRUCK (2 or 3 AXLE) <input type="checkbox"/> TRUCK / TRACTOR-SEMI <input type="checkbox"/> TRUCK and TRAILER <input type="checkbox"/> DOUBLE TRAILERS <input type="checkbox"/> TRIPLE TRAILERS <input type="checkbox"/> DROMEDARY and SEMI <input type="checkbox"/> HEAVY HAUL CONFIG <input type="checkbox"/> BUS <input type="checkbox"/> OTHER * PASSENGER FACTORS <input type="checkbox"/> PASS <input type="checkbox"/> #1 #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) <input type="checkbox"/> UNIT #1 <input type="checkbox"/> UNIT #2 <input type="checkbox"/> NONE <input type="checkbox"/> INTERFERED w/DRIVER <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) PEDESTRIAN LOCATION <input type="checkbox"/> IN ROAD <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE <input type="checkbox"/> INTERSECTION <input type="checkbox"/> IN X-WALK <input type="checkbox"/> NOT IN X-WALK <input type="checkbox"/> NO X-WALK AVAILABLE <input type="checkbox"/> OTHER <input type="checkbox"/> NOT IN ROADWAY <input type="checkbox"/> SHOULDER <input type="checkbox"/> MEDIAN <input type="checkbox"/> BIKE LANE <input type="checkbox"/> UNKNOWN	PEDESTRIAN TYPE <input type="checkbox"/> NONE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> BICYCLIST <input type="checkbox"/> CONVEYANCE <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> ANIMAL RIDER <input type="checkbox"/> RIDER of ANIM DRAWN VEH <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain) * PEDESTRIAN ACTION <input type="checkbox"/> ENTER / CROSS ROAD <input type="checkbox"/> WALK / RIDE w/TRAFF <input type="checkbox"/> WALK / RIDE AGAINST <input type="checkbox"/> STEP ON / OFF VEHICLE <input type="checkbox"/> STEP ON / OFF SCH BUS <input type="checkbox"/> APPROCH / LEAVE SCH BUS <input type="checkbox"/> APPROACH / LEAVE VEH <input type="checkbox"/> WORK / PUSHING VEHICLE <input type="checkbox"/> OTHER WORKING <input type="checkbox"/> PLAYING <input type="checkbox"/> STANDING <input type="checkbox"/> LYING DOWN <input type="checkbox"/> UNKNOWN PEDESTRIAN VISIBILITY <input type="checkbox"/> CLOTHING <input type="checkbox"/> NO CONTRAST w/BKGRND <input type="checkbox"/> CONTRASTED w/BKGRND <input type="checkbox"/> REFLECTIVE <input type="checkbox"/> OTHER <input type="checkbox"/> OTHER LIGHT SOURCE <input type="checkbox"/> UNKNOWN * PED / BIKE FACTORS <input type="checkbox"/> NONE <input type="checkbox"/> FAILED TO YIELD ROW <input type="checkbox"/> DISREGARD TRAFFIC SIGN <input type="checkbox"/> ILLEGALLY IN ROAD <input type="checkbox"/> EQUIPMENT VIOLATION <input type="checkbox"/> CLOTHING NOT VISIBLE <input type="checkbox"/> UNDER INFL - DRUGS <input type="checkbox"/> UNDER INFL - ALCOHOL <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER (Explain)
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North
 (NOT TO SCALE)

SKETCH & NARRATIVE
 SKID MARKS TO (FEET) _____
 DISTANCE AFTER (FEET) _____

UNIT 1 2

